

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-15-05</u>		2 Serial/Patent # <u>10/510990</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ <u>65.00</u>								
8 TO BE REFUNDED BY:											
Treasury Check											
Credit Deposit A/C #:											
9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							--				
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10 REASON:											
	Overpayment										
	Duplicate Payment										
	No Fee Due (Explanation):										
Credit Card Refund											
\$65.00											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BIC</u>		TITLE: _____									
SIGNATURE: <u>BIC</u>		Refund Ref: <u>06/23/2005</u> PHONE: <u>8038022878</u>									
OFFICE: <u>PT/DU/EO</u>		Credit Card Refund Total: <u>\$65.00</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____ DATE: _____											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: